Webinar on the OHAT Approach for Systematic Review

Office of Health Assessment and Translation
National Institute of Environmental Health Sciences

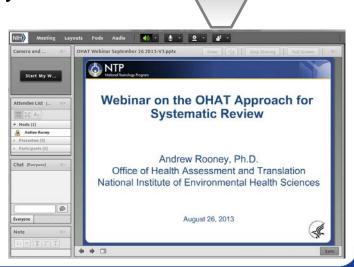
September 26, 2013



Format and Logistics

- Brief OHAT staff presentation on a topic or theme
- Question and answer session on that topic
 - Use "Raise Hand" function if you would like to ask a question
 - Participants will be called upon in the order questions are received and phone line will be unmuted
 - Participants can ask their question directly
- Topics and timing
 - 4 topics as listed in the agenda
 - Remaining time (~60 minutes)
 for additional discussion

"Raise Hand" icon is on the menu bar at the top of screen





Webinar on the OHAT Approach for Systematic Review

Andrew Rooney, Ph.D.

Office of Health Assessment and Translation

National Institute of Environmental Health Sciences

September 26, 2013



Goals

- 1) to gain additional clarity on issues raised in public comments and
- 2) to discuss NTP's progress at working through the case studies to test the systematic review framework

Topics or Themes

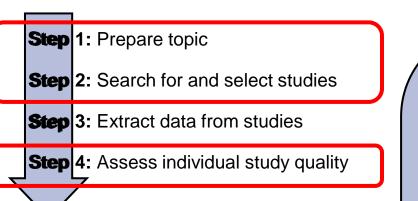
- Evaluating study quality and utility
- Confidence ratings in a body of evidence, where do you start?
- Evidence integration
- Update on case studies and next steps
- Additional discussion or questions from participants

OHAT Approach to Evaluating Study Quality and Utility

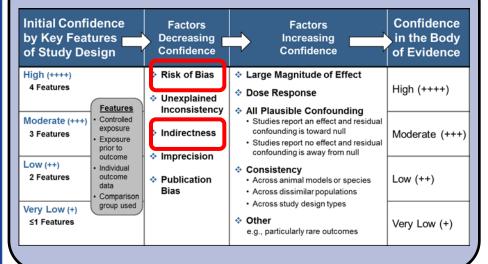
Definitions: Study Quality and Utility

- Reporting quality
 How well was the study reported?
- Internal validity or risk of bias
 How credible are the findings based on design and conduct of the study?
- Directness and applicability
 How well does the study address the topic under review?

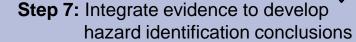
Steps in Draft OHAT Approach Where Study Quality and Utility are Considered

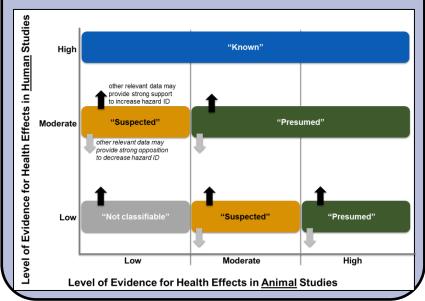


Step 5: Rate confidence in body of evidence



Step 6: Translate confidence ratings into level of evidence for health effect





Study Quality and Utility are Assessed in Several Different Steps

- Eligibility criteria (STEPS 1 and 2)
 - Critical aspects of study design or limitations in applicability
- Internal validity or risk of bias (STEP 4)
 - Study design and conduct
 - Reporting quality: Non-reporting has negative impact on risk of bias and attempts will be made to follow up with study authors
 - Confounding
- Directness and applicability (STEP 5)
 - Route, timing and duration of exposure
 - Upstream indicators
 - Relevance of animal model for human health
- Questions?

Confidence Ratings in a Body of Evidence, Where do You Start?

Definitions: Body of Evidence and Initial Confidence

 A confidence rating for a body of evidence is developed by considering its strengths and weaknesses

What comprises a "body of evidence"?

 Studies with data on the same or related outcomes as defined in the protocol

What do we mean by "initial confidence"?

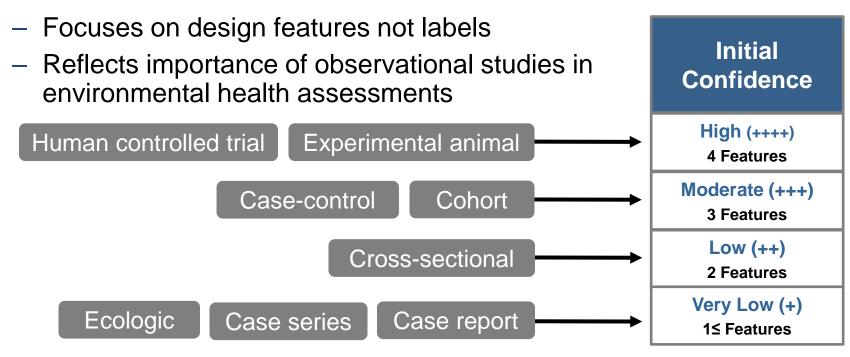
 The starting point for a study or group of studies prior to examining strengths and weaknesses

Method for Rating Confidence in a Body of Evidence

Initial Confidence by Key Features of Study Design		Factors Decreasing Confidence	Factors Increasing Confidence	Confidence in the Body of Evidence
High (++++)		Risk of Bias	Large Magnitude of Effect	
4 Features	Features Controlled exposure Exposure prior to outcome Individual outcome data Comparison group used	 Unexplained 	❖ Dose Response	High (++++)
Moderate (+++) 3 Features		Inconsistency ❖ Indirectness ❖ Imprecision	 All Plausible Confounding Studies report an effect and residual confounding is toward null Studies report no effect and residual confounding is away from null Consistency Across animal models or species Across dissimilar populations Across study design types 	Moderate (+++)
2 Features		PublicationBias		Low (++)
Very Low (+) ≤1 Features			 Other e.g., particularly rare outcomes 	Very Low (+)

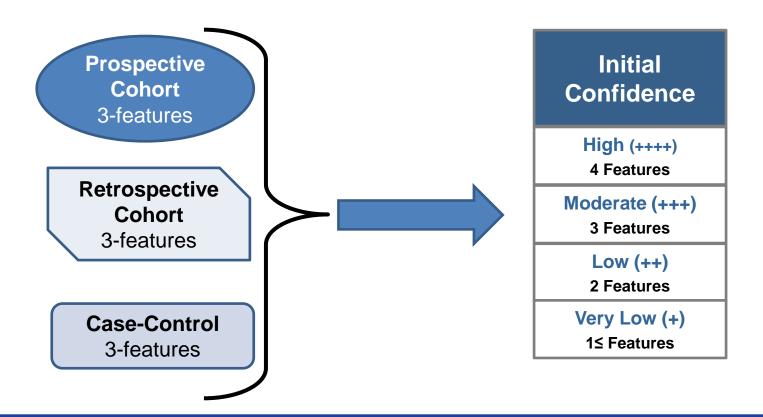
Initial Confidence in Body of Evidence

- Initial Confidence Based on Key Study Design Features
 - Controlled exposure
 - Exposure prior to outcome
 - Individual outcome data
 - Comparison group used
- This Method Stratifies Initial Confidence:



Initial Confidence by Study Design Features

- Starting point for evaluating confidence in a collection of studies in same initial confidence category
- Evaluate as a group for the same outcome
- Questions?



Evidence Integration

Further Consideration of Hazard Identification

Previous Hazard ID Categories

- Known to be a hazard to humans
- Presumed to be a hazard to humans
- Suspected to be a hazard to humans
- Not classifiable or not identified to be a hazard to humans

Updated

"Not classifiable" separated from "Not identified"

Evidence Integration in Step 7 of draft OHAT Approach

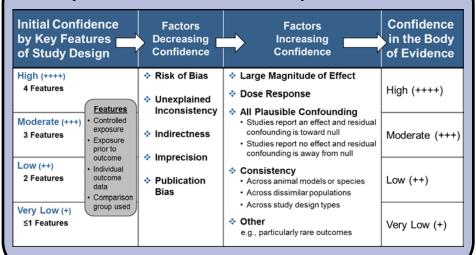
Step 1: Prepare topic

Step 2: Search for and select studies

Step 3: Extract data from studies

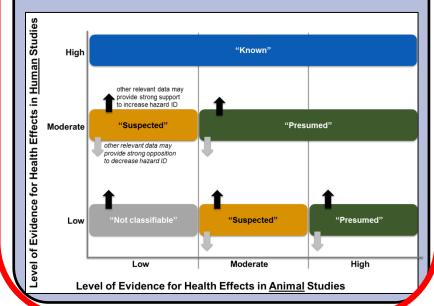
Step 4: Assess individual study quality

Step 5: Rate confidence in body of evidence



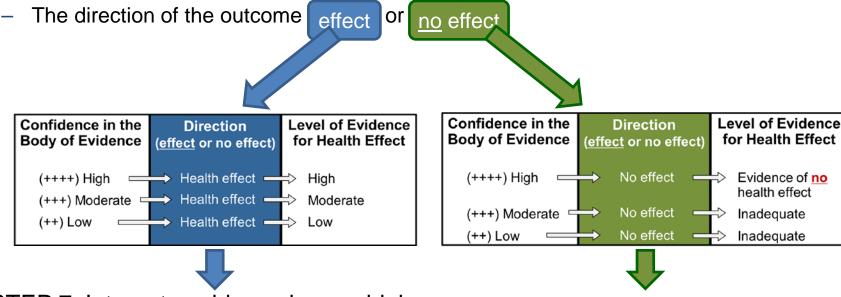
Step 6: Translate confidence ratings into level of evidence for health effect

Step 7: Integrate evidence to develop hazard identification conclusions



Hazard Identification in Draft OHAT Approach

- STEP 6: Level of evidence for health effect (on an outcome basis) reflects
 - Confidence in association between exposure to the substance and outcome



- STEP 7: Integrate evidence by combining evidence streams to develop hazard ID
 - Known to be a hazard to humans
 - Presumed to be a hazard to humans
 - Suspected to be a hazard to humans
 - Not classifiable to be a hazard to humans

- Evidence of no health effect supports Hazard ID conclusion of
- Not identified to be a hazard to humans

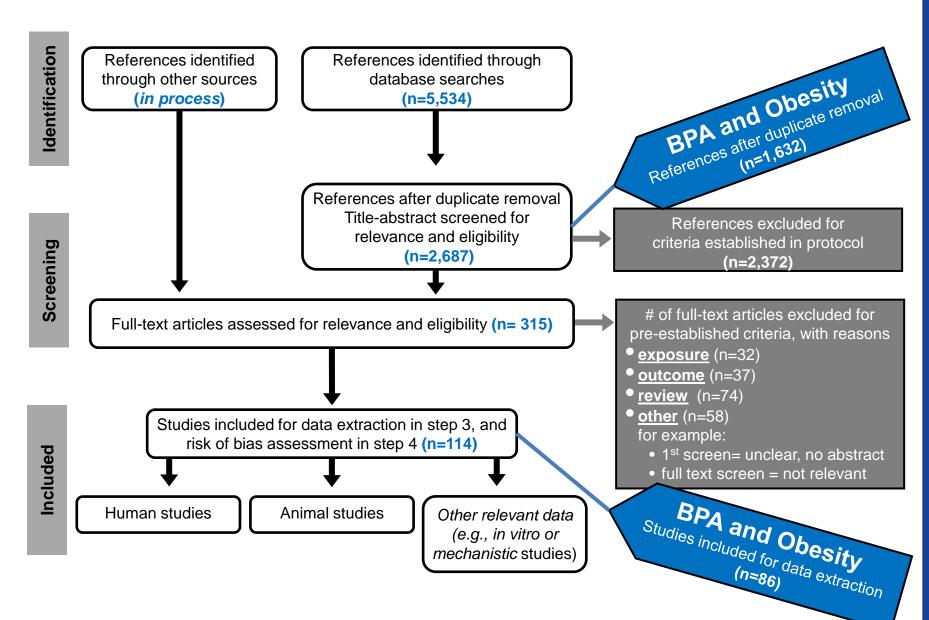
Questions?

Update on the Case Studies

Progress on Case Studies

- Case studies to evaluate OHAT Approach or "Framework"
 - PFOA / PFOS exposure and immunotoxicity
 - BPA exposure and obesity
- Developing template protocol as case studies progress
- Screening studies nearing completion

Case-study Progress: PFOA/PFOS and Immunotoxicity



Plans for Case Studies

- Plan to post screening results in October 2013
- Data extraction started
 - Refinement of DRAGON software ongoing
 - Expect completion in December 2013
- Then "lessons learned" webinar
 - Expect to hold webinar in late Spring 2014
 - Goal is to discuss the OHAT Approach or Framework

Questions?

Acknowledgements

Office of Health Assessment and Translation

- Abee Boyles
- Kembra Howdeshell
- Andrew Rooney, Deputy Director
- Michael Shelby
- Kyla Taylor
- Kristina Thayer, Director
- Vickie Walker

Office of Liaison, Policy and Review

- Mary Wolfe, Director
- Lori White

Office of Library and Information Services

Stephanie Holmgren

Approach Technical Advisors and Experts

- Lisa Bero, Director, San Francisco Branch, United States Cochrane Center at UC San Francisco
- Gordon Guyatt, Co-chair, GRADE Working Group, McMaster U
- Malcolm Macleod, CAMARADES Centre, University of Edinburgh
- Karen Robinson, Co-Director, Evidence-Based Practice Center,
 The Johns Hopkins Bloomberg School of Public Health
- Holger Schünemann, Co-chair, GRADE Working Group, McMaster U.
- Tracey Woodruff, Director, Program on Reproductive Health and the Environment, UCSF

NTP Board of Scientific Counselors

NTP BSC Working Group

- Lynn Goldman, Chair, Dean, School of Public Health and Health Services, George Washington U.
- Reeder Sams, Vice-chair, Acting Deputy Director, NCEA/RTP Division, USEPA
- Lisa Bero, Director, San Francisco Branch, United States Cochrane Center at UC San Francisco
- Edward Carney, Senior Science Leader,
 Mammalian Toxicology, Dow Chemical Company
- David Dorman, Professor, North Carolina State University
- Elaine Faustman, Director, Institute for Risk Analysis and Risk Communication, U. Washington
- Dale Hattis, Research Professor, George Perkins Marsh Institute, Clark University
- Malcolm Macleod, CAMARADES Centre, University of Edinburgh
- Tracey Woodruff, Director, Program on Reproductive Health and the Environment, UCSF
- Lauren Zeise, Chief, Reproductive and Cancer Hazard Assessment Branch, OEHHA, California EPA

Protocol Technical Advisors

Additional Discussion or

Questions?